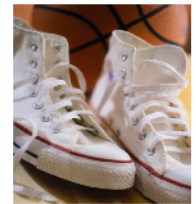


Franklin Recreation summer sports programs in association with



PROGRAM (circle choices)	DATES	TIME	AGES	LOCATION	ADDRESS	PRICE
Basketball/FI. Hockey	6/28 - 7/2	9a - 3p	7 - 12	Fletcher Field	Peck St	\$150
Kiddie Cat Jam*	6/28 - 7/2	9a - 12p	4 - 6	Fletcher Field	Peck St	\$110
Soccer	7/12 - 7/16	9a - 3p	7 - 12	Fletcher Field	Peck St	\$150
Basketball/FI. Hockey	7/26 - 7/30	9a - 3p	7 - 12	Fletcher Field	Peck St	\$150
Kiddie Cat Jam*	7/26 - 7/30	9a - 12p	4 - 6	Fletcher Field	Peck St	\$110

* Baseball, basketball, soccer, & more. All programs coed. More information at www.thundercatsports.com.

Child's First Name: _____ Child's Last Name: _____

DOB: ___/___/___ Gender: M / F Parent/Guardian's Name: _____

Address: _____ Town: _____ Zip: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ E-mail: _____

Emergency Contact: _____ Phone: (____) _____ - _____

Participant Doctor: _____ Phone: (____) _____ - _____

Participant Dentist: _____ Phone: (____) _____ - _____

Medical/Health Insurance-list carrier and policy or group#: _____

Describe any health issues/allergies/illness that may restrict participant: _____

Release of liability, medical consent, and injury waiver:

In consideration of his/her participation in this recreation program, the undersigned hereby releases the town of Franklin and Franklin Recreation Department, Thundercat Sports, and their officers, agents, employees, and volunteers from any liability for, and waives all claims, suits or causes for action based on or arising from any injury suffered or incurred by the undersigned as a result of or in conjunction with his/her participation in said recreation program. Such waiver and release to be in effect without regard to whether such injury is the result of or caused by the fault of the town of Franklin and Franklin Recreation Department, Thundercat Sports or any of their officers, agents, employees, or volunteers. This instrument is intended to take effect as a sealed instrument. I further certify that my child's immunizations are up to date, and is medically fit to participate in the above recreation program. I authorize program instructors to obtain medical treatment for my child. In absence of a signature payment of fees shall constitute acceptance of conditions of this release. Thundercat Sports will not provide health or accident insurance for participants. I consent that any pictures taken during this program are property of Thundercat Sports and can be used for promotional purposes.

SIGNATURE _____

DATE _____

REGISTRATION: Check included (made out to **Town of Franklin**)

Mail: Franklin Recreation Department: 150 Emmons St **Phone:** 508-520-4909 **Online:** www.activityreg.com